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SIMCOE MUSKOKA OPIOID STRATEGY
LIVED-EXPERIENCE SURVEY SUMMARY

April 6, 2018

SIMCOE MUSKOKA OPIOID STRATEGY

simcoe muskoka DISTRICT HEALTH UNIT

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ACKNOWLEDGEMENTS

We would like to recognize the survey participants; the agencies who supported the survey to be conducted at their site; and those who helped administer the surveys at participating sites.

Participating Sites

The Barrie Chronic Pain Clinic

Caring Supporting Participating

Canadian Mental Health Association of Simcoe

Canadian Mental Health Association of Muskoka Parry Sound

David Busby Street Centre

Georgian Bay Clinic

Guest House

Krasman Centre

Lighthouse

My Sister's Place

Ontario Works

Orillia Youth Centre at St. Andrews

Rosewood

Administering Surveys at Participating Sites

- Injury and Substance Misuse Prevention Program of the Simcoe Muskoka District Health Unit
- The Gilbert Centre

KEY HIGHLIGHTS

- A total of 89 completed surveys were received.
- The majority of respondents were from Simcoe County (80.9%), 9.0% were from District of Muskoka, and 10.1% were from elsewhere or unknown.
- Over half of respondents had personally used opioids (55.1%), 29.2% had a close personal relationship with someone who has used opioids, and 10.1% identified with both.
- The key problems respondents felt were leading to opioid misuse in the community were mental health/illness (67.4%), past and/or current trauma (67.4%), and easy access to opioids (62.9%).
- The top activities identified as helpful to address the opioid crisis in the community include: improving access to addiction and treatment (78.7%), decreasing stigma (76.4%), addressing root causes of opioid misuse and addiction (68.5%), increasing awareness of harm reduction strategies for people who use opioids (67.4%), increasing healthcare providers' knowledge of non-opioid treatment for pain (58.4%), and developing an anonymous online system for individuals to report overdoses or potential bad drugs (58.4%).
- The most commonly identified method for information sharing with people who use drugs was social media (69.3%), with Facebook being the most common platform identified.
- Sixty percent of respondents (60.2%) felt the community would use an anonymous online system for reporting overdoses or bad drugs.
- Nearly two-thirds of respondents (64.0%) felt the community would use an overdose prevention site or supervised consumption site.
- The findings of the survey are in alignment with the draft work plans for the Simcoe Muskoka Opioid Strategy (SMOS). This report will inform SMOS in the following ways:
    - To help prioritize certain activities over others (i.e. those that were cited as most helpful by respondents),
    - To tailor activities based on the feedback (e.g., the best communication channels to use), and
    - To decide whether or not to proceed with certain activities (e.g., anonymous online system for reporting).

INTRODUCTION

The Simcoe Muskoka Opioid Strategy (SMOS) is a multi-sector collaboration aiming to reduce opioid-related harms in Simcoe and Muskoka. It is doing so by developing a comprehensive region-wide strategy, organized by the following pillars: Prevention, Treatment, Harm Reduction, Enforcement, Emergency Management, Data & Evaluation, and Lived Experience (see Figure 1).

Figure 1. SMOS Structure

The SMOS Lived Experience Survey was led by the Simcoe Muskoka District Health Unit (SMDHU) and the David Busby Street Centre, with contributions from the Steering Committee of SMOS. The purpose of the survey was to engage those with lived experience of opioid use for their perspectives on community needs, to help inform the work plans of SMOS. The objectives of the survey were:

- To identify lived experience perspectives on key problems leading to the opioid crisis in the community.
- To obtain feedback from those with lived experience on ways to address the opioid crisis in the community (what and why).
- To determine the perspective of those with lived experience on the best way to share information with people using drugs.

METHODS

This survey was administered between February 20th and March 2nd, 2018 using face-to-face interviewer administered surveys (in person) to individuals, including both youth and adults, with lived experience of opioid use, defined in this survey as:

- Illicit opioid use or prescription opioid misuse (currently or in the past) and
- Close personal relationships with people with illicit opioid use or prescription opioid misuse (currently or in the past).

The sampling methodology used was a convenience sample; surveys were administered at participating agencies that work with people with lived experience of opioid use. Surveys were administered by trained interviewers from those agencies, or from SMDHU or The Gilbert Centre. Informed consent was received from each participant. A $10 gift card from either Tim Hortons or President's Choice was offered to participants as an incentive. Both quantitative and qualitative data were analyzed using Microsoft Excel 2013.

RESULTS

In total, 89 SMOS Lived Experience Surveys were completed and returned to SMDHU.

Survey Respondents

The demographic characteristics of survey respondents are presented in Table 1 and Table 2. The majority (80.9%) of survey respondents were from Simcoe County and 9.0% were from the District of Muskoka (see Table 1). Over half of respondents had personally used opioids (55.1%), 29.2% had a close personal relationship with someone who had used opioids, and 10.1% identified with both (see Table 2). In addition, the type of site that surveys were completed at is summarized in Table 3, with 36.0% of surveys completed at community service providers, 22.5% at addictions programs, 20.0% at shelters, and 12.4% at pain clinics.

Table 1 Census district of respondent (N=89)

Census District	#	%
Simcoe County	72	80.9%
District of Muskoka	8	9.0%
Outside Simcoe Muskoka	3	3.4%
Unknown	6	6.7%

Table 2. Respondent type (N=89)

Respondent type	#	%
Respondent has personally used opioids	49	55.1%
Respondent has close personal relationship with someone who has used opioids	26	29.2%
Both	9	10.1%
Unknown	5	5.6%

Table 3 Type of site where surveys were completed (N=89)

Census District	#	%
Community Service Providers	32	36.0%
Addictions Programs	20	22.5%
Shelters	18	20.2%
Pain Clinics	11	12.4%
Unknown	8	9.0%

Key Problems Leading to Opioid Misuse, Addiction, and Overdose

All 89 respondents identified the key problems they felt were leading to opioid misuse, addiction, and overdose in the community (see Table 4). The five most commonly identified problems were mental health/illness (67.4%), past and/or current trauma (67.4%), easy access to opioids (62.9%), medical prescribing of opioids (59.6%), and knowing other people who do drugs (53.9%). Following closely behind were lack of treatment for addictions (52.8%) and lack of treatment for pain (aside from opioids; 52.8%).

Forty respondents provided a comment, of which 1 was indiscernible. From the remaining comments, eight themes emerged. The themes overlapped with the close-ended answer options; however, respondents were able provide further elaboration. Themes include easy access to opioids (n=17), mental health and social risk factors (n=9), access to resources and services (n=7), treatment for pain and addictions (n=7), opioid awareness and education (n=6), boredom (n=5), enforcement (n=3), and stigma against people who use opioids (n=2). The top two themes are described below in more detail.

Respondents who felt easy access to opioids was a key problem identified that opioids are over prescribed and easy to get from physicians, easy to get on the streets, found in other street drugs, and prescription medications are not discarded when individuals pass away. Mental health and social risk factors identified as a key problem included mental health, abuse, neglect, involvement in the sex trade, unemployment, and social factors such as peer pressure and the desire to fit in. A full list of comments received can be found in Appendix 1.

Table 4. Key problems (N=89)

Key Problem	#	%
Mental health/illness	60	67.4%
Past and/or current trauma	60	67.4%
Easy access to opioids	56	62.9%
Medical prescribing of opioids	53	59.6%
Knowing other people who use drugs	48	53.9%
Lack of treatment for addictions	47	52.8%
Lack of treatment for pain (aside from opioids)	47	52.8%
Fentanyl contamination of street drugs	42	47.2%
Poverty	41	46.1%
Homelessness	41	46.1%
Stigma against people who use drugs	39	43.8%
Lack of awareness on the harms of opioid misuse	38	42.7%
Lack of safe and affordable housing	36	40.5%
Lack of enforcement against people who deal drugs	28	31.5%
Lack of supervised consumption sites	27	30.3%
Criminalization of people who use drugs	26	29.2%
Lack of data on impacts of opioid use locally	19	21.4%
Lack of naloxone	17	19.1%
Lack of Emergency Management Plan for responding to mass opioid overdose incidents	16	18.0%
Other (please specify):	40	44.9%

Activities Identified as Helpful for Addressing the Opioid Crisis

Activities identified as helpful for addressing the opioid crisis in the community are summarized in Table 5. Overall, the top 5 activities respondents identified included: improving access to addiction treatment (78.7%), decreasing stigma (76.4%), addressing root causes of opioid misuse and addiction (68.5%), increasing awareness of harm reduction strategies for people who use opioids (67.4%), and – both identified by the same proportion of respondents – increasing healthcare providers' knowledge of non-opioid treatment for pain (58.4%) and developing an anonymous online system for individuals to report overdoses or potential bad drugs (58.4%).

Activities identified as helpful for addressing the opioid crisis in the community have been further broken down by SMOS work plan pillar (see Table 6). The top activity identified as helpful for addressing the opioid crisis in the community for each pillar included:

- Data and Information Sharing: developing an anonymous online system for individuals to report overdoses or potential bad drugs (58.4%)

- Emergency Response: developing a plan for a rapid coordinated response to a large number of opioid overdoses (53.9%; please note that this pillar only had one activity included within the survey)
- Enforcement: considering what role police should or should not play at an overdose (53.9%)
- Harm Reduction: decreasing stigma (76.4%)
- Prevention: addressing root causes of opioid misuse and addiction (68.5%)
- Treatment: improving access to addiction treatment (78.7%)

In addition, 32 respondents provided a comment, of which one was indiscernible and two others did not provide an answer to the question. From the remaining comments, six themes emerged. Similar to the previous section, the themes overlapped with the close-ended answer options; however, respondents were able to provide further elaboration. Themes include enforcement (n=14), access to resources and services (n=12), treatment for pain and addictions (n=11), stigma against people who use opioids (n=5), opioid awareness and education (n=11), and information and data sharing (n=5). The top two themes are described below in more detail.

The enforcement theme included comments regarding less criminal charges for those using opioids, diversion programs, and no judgement, while others spoke to the need for stiffer penalties, enforcement at schools, and bag searches in shelters. The access to resources and services theme included comments such as the need to connect people to services, and the need for services such as street outreach, crisis lines, different types of support groups, and safe injection sites. A full list of comments received can be found in Appendix 1.

Table 5. Activities identified as helpful for addressing the opioid crisis (N=89)

Pillar	Activity	#	%
Treatment	Improve access to addiction treatment	70	78.7%
Harm Reduction	Decrease stigma (i.e. interactions with healthcare providers, police, general public)	68	76.4%
Prevention	Address root causes of opioid misuse and addiction: poverty, mental health, early childhood development, parenting, other	61	68.5%
Harm Reduction	Increase awareness of harm reduction strategies for people who use opioids	60	67.4%
Treatment	Increase healthcare providers' knowledge of non-opioid treatment for pain	52	58.4%
Data and Information Sharing	Develop an anonymous online system for individuals to report overdoses or potential bad drugs	52	58.4%
Prevention	Engage target populations (e.g. lived experience, youth, seniors)	51	57.3%
Prevention	Raise awareness on the harms of opioid misuse	49	55.1%
Data and Information Sharing	Develop a website to publicly share information about the local opioid situation and available services	49	55.1%
Harm Reduction	Increase access to other harm reduction services (e.g., needle exchange supplies and drug testing strips)	48	53.9%
Enforcement	Consider what role police should or should not play at an overdose	48	53.9%
Emergency response	Develop a Plan for a rapid coordinated response to a large number of opioid overdoses	48	53.9%
Treatment	Increase healthcare providers' knowledge of treatment for opioid addiction, including methadone and suboxone	47	52.8%
Harm Reduction	Possibility of a supervised consumption site(s)	47	52.8%
Prevention	Enhance skills of youth/parents in preventing opioid misuse	46	51.7%
Enforcement	Use diversion programs for people charged with possession of opioids	46	51.7%
Prevention	Educate patients on the appropriate use of opioids	41	46.1%
Harm Reduction	Increase naloxone availability at multiple locations	41	46.1%
Enforcement	Enhance police ability to identify people dealing opioids	40	44.9%
Enforcement	Police to seek severe penalties for people dealing opioids	40	44.9%
Data and Information Sharing	Develop an early warning system to identify unusual numbers of opioid overdoses	38	42.7%
Data and Information Sharing	Create a snapshot of data on current problem opioid use in Simcoe Muskoka	37	41.6%
Other	Other (please specify)	32	36.0%

Table 6. Activities identified as helpful for addressing the opioid crisis by pillar (N=89)

Pillar	Activity	#	%
Data and Information Sharing	Develop an anonymous online system for individuals to report overdoses or potential bad drugs	52	58.4%
	Develop a website to publicly share information about the local opioid situation and available services	49	55.1%
	Develop an early warning system to identify unusual numbers of opioid overdoses	38	42.7%
	Create a snapshot of data on current problem opioid use in Simcoe Muskoka	37	41.6%
Emergency response	Develop a Plan for a rapid coordinated response to a large number of opioid overdoses	48	53.9%
Enforcement	Consider what role police should or should not play at an overdose	48	53.9%
	Use diversion programs for people charged with possession of opioids	46	51.7%
	Enhance police ability to identify people dealing opioids	40	44.9%
	Police to seek severe penalties for people dealing opioids	40	44.9%
Harm Reduction	Decrease stigma (i.e. interactions with healthcare providers, police, general public)	68	76.4%
	Increase awareness of harm reduction strategies for people who use opioids	60	67.4%
	Increase access to other harm reduction services (e.g., needle exchange supplies and drug testing strips)	48	53.9%
	Possibility of a supervised consumption site(s)	47	52.8%
	Increase naloxone availability at multiple locations	41	46.1%
Prevention	Address root causes of opioid misuse and addiction: poverty, mental health, early childhood development, parenting, other	61	68.5%
	Engage target populations (e.g. lived experience, youth, seniors)	51	57.3%
	Raise awareness on the harms of opioid misuse	49	55.1%
	Enhance skills of youth/parents in preventing opioid misuse	46	51.7%
	Educate patients on the appropriate use of opioids	41	46.1%
Treatment	Improve access to addiction treatment	70	78.7%
	Increase healthcare providers' knowledge of non-opioid treatment for pain	52	58.4%
	Increase healthcare providers' knowledge of treatment for opioid addiction, including methadone and suboxone	47	52.8%
Other	Other (please specify)	32	36.0%

Why these things would be helpful

Seventy-four respondents provided a comment about why they felt the items they identified would be helpful, of which one was indiscernible. From the remaining comments, 10 themes emerged, with an additional category for general comments. Themes include opioid awareness and education (for the public, drug users, and prescribers; n=23), access to resources and services (n=18), treatment for pain and addictions (n=14), mortality reduction (n=12), addressing this community crisis (n=11), enforcement (includes both more and less; n=8), stigma (n=5), mental health and social risk factors (n=5), community safety (n=4), and anonymous reporting (n=2). In addition, seven general comments were received. The top two themes are described below in more detail.

Opioid awareness and education was the top theme that emerged for why respondents felt the items they identified would be helpful. Respondents spoke to awareness and education for the public, drug users, and prescribers. They also identified that a proactive approach should be taken which includes educating children, adults, and parents on preventing drug use; people should have more knowledge of opioids before starting to use them as they may not know what they are getting into (e.g., risk of addiction); the importance of knowing how to safely use drugs; lack of accurate information; and that knowledge is power. One respondent provided a direct quote about educating prescribers: "We need to educate doctors on prescribing opioids on how to stop people from using them."

Access to resources and services was the second theme to emerge for why respondents felt the items they identified would be helpful. Respondents identified there are gaps in service, more collaboration amongst community programs is needed and they should be on the same page, people don't know how to find help, and various services that would be helpful (e.g., mental health treatment and counselling, safe beds/crisis beds, detox centres, services for pregnant women and mothers). A direct quote received from one respondent illustrates that it can be hard to get support: "My son has faced many challenges. He was abused by his step-dad … so hard to get support. As he has grown his problems have gotten worse and worse." Another direct quote from a respondent identifies the need for supports now: "I need help today and help for my crew." A full list of comments received can be found in Appendix 1.

Information Sharing

Overall, the top three modes identified to share information with people who use drugs included: social media platform (69.3%), posted bulletins at places people often go (65.9%), and word of mouth through locations frequently attended (58.0%; see Table 7).

Twenty-five respondents specified one or more social media platforms, with the most common platform being Facebook (n=12). Twenty-two respondents specified places to post bulletins,

which most commonly included Tim Hortons (n=8), bus terminals (n=6), and health care facilities such as hospitals, doctors offices, and clinics (n=5). Twelve respondents provided locations for sharing information through word of mouth, which most commonly included libraries (n=4); health care facilities such as hospitals, doctors offices, and clinics (n=4); and Tim Hortons (n=3). A full list of social media platforms, locations to post bulletins, and locations for word of mouth can be found in Appendix 1.

Twenty-seven respondents provided other ways to share information. From these comments, nine themes emerged. The themes overlapped with the close-ended answer options; however, respondents were able provide further elaboration. Themes include locations to share information (n=13), word of mouth (n=5), street outreach (n=4), multiple modes (n=4), social media (n=3), emails (n=1), television (n=1), and social change projects (n=1). The top two themes are described below in more detail.

The most commonly identified theme was locations, which included comments such as sharing information in locations that people living in low income are able to access, in areas known for heavy drug use, with dealers, and other specific locations (e.g., support groups, David Busby Centre, doctors' offices, schools, pharmacies). The second most common theme was word of mouth. Respondents highlighted the importance of peer-to-peer communication, telling their friends, that word of mouth is the best way, and word of mouth through those with lived experience. A full list of comments received can be found in Appendix 1.

Table 7. Best way to share information (N=88)

Ways to Share Information	**#**	**%**
Social media platform	61	69.3%
Posted bulletins at places people often go	58	65.9%
Word of mouth through locations frequently attended	51	58.0%
Radio news	42	47.7%
Television news	42	47.7%
Local newspaper	33	37.5%
Other (please specify)	27	30.7%

Anonymous Online System to Report Overdoses

Table 8 identifies whether or not respondents felt people in the community would use an anonymous online system for reporting overdoses or bad drugs, of which 60.2% felt the community would, 14.8% felt the community would not, and 26.1% were unsure. Seventeen comments were received; however, only nine provided additional information. Themes included fear of using such a system (n=4), awareness and education is needed (n=3), other reporting methods (n=2), the need for anonymity (n=1), and the need for community buy-in (n=1). A full list of comments received can be found in Appendix 1.

Table 8. Community use of anonymous online system to report bad drugs and overdoses (N=88)

Response	#	%
Community would use	53	60.2%
Community would not use	13	14.8%
Unsure	23	26.1%

Overdose Prevention and Supervised Consumption Site

Table 9 identifies whether or not respondents felt an overdose prevention site or supervised consumption site in the community would be used. Nearly two-thirds of respondents felt it would be used (64.0%), 12.8% felt it would not be used, and 23.3% were unsure. Twenty-five respondents provided additional comments of which two did not provide an answer to the question. The top three themes that emerged included concerns about police, confidentiality, and safety (n=7); increased safety (n=5); and additional services that could be offered at a site (n=5). A full list of comments received can be found in Appendix 1.

Table 9. Community use of overdose prevention site or supervised consumption site (N=88)

Response	#	%
Community would use	55	64.0%
Community would not use	11	12.8%
Unsure	20	23.3%

USE AND SHARING OF RESULTS

The findings of the survey are in alignment with the draft work plans for SMOS. This report will inform SMOS in the following ways:

- To help prioritize certain activities over others (i.e. those that were cited as most helpful by respondents),
- To tailor activities based on the feedback (e.g., the best communication channels to use), and
- To decide whether or not to proceed with certain activities (e.g., anonymous online system for reporting).

This report will also be shared with survey sites and other interested stakeholders, and be made publicly available on the upcoming SMOS website, in order to support the incorporation of lived experience perspectives into opioid-related initiatives in Simcoe and Muskoka.

APPENDIX 1: OPEN-ENDED COMMENTS

Each numbered entry lists all comments from an individual respondent, for that section.

A. Other key problems respondents feel are leading to opioid misuse, addiction, and overdose in the community

1. People in pain from mental health challenges and not enough supports.
2. "Epidemic because of fentanyl. Would like this separated from other opioids. Criminalization of people who use drugs creates isolation and 0 hope. No promise of a future. Lack of understanding of the serious nature of fentanyl/carfentanil. Availability of fentanyl in the drug supply. Pharmaceutical companies providing and producing fentanyl. Promotion of opioids but particularly fentanyl. Ease of importing synthetic fentanyl. Stigma - general public don't care about addicts and not treating like SARS epidemic, plague. Financial benefits to dealer, pharmaceutical industry of fentanyl sales. Greater poverty and mental health issues, more people on ODSP. Cost of living level (indiscernible), no jobs.
3. Boredom-nothing to do
4. Boredom
5. Making it easy to get (doctor). Physical withdrawals - easier to just keep more.
6. People see it as a fun party drug. Don't see the harm it can cause.
7. "Heroin starting to make a huge presence."
8. Sister passed away. She had a lot of narcotics in her medicine cabinet. No one made sure they were disposed. Easy to get.
9. Easy access to opioids through family doctor. Felt good, took pain away.
10. Was looking at own use. Mom is a single parent. Mom in sex trade. Harms at home. Current youth is now included in sex trade.
11. Hopelessness!
12. Dr.'s fault they give too many
13. Prescriptions are being sold on the street or stolen
14. Desperation. Lack of belonging. Bullies. Lack of self-respect. Low self-esteem. Abuse. To escape. peer pressure
15. People numb themselves. Increase heroin here with fentanyl. Hard to get treatment-wait lists. New OPP recruits have no street sense and are afraid to confront drug dealers, people are afraid to call 911
16. Lack of things to do. Boredom. Decrease work.

17. Need to hear about the lack of awareness on the harms of opioid misuse every day. **Lack of treatment for addictions. **People wanting to get away from reality good things are gone. Pool halls. Dance clubs. Nothing for kids or singles. Everything is for seniors here in Orillia. There is a whole new Orillia on the other side of the highway. Cost $8 even for a cab. Inaccessible.
18. Boredom. To fit in.
19. Over Rx not enough support for getting off. Lack of healthcare - Lack of communication between doctors. (Methadone Dr. & physician).
20. “Abuse and molestation.” “Everyone I talk to [who] uses heroin has been sexually abused or neglected.”
21. Too tight controls re: accessing pain meds increase likeliness of accessing on the street. Sense of mistrust even when playing "by the rules"
22. Price. Really cheap.
23. No alternatives for pain management.
24. Lack of awareness on the harms of opioid misuse - young students
25. Stop producing it
26. "City bound safe house. Lack of education. Need more people educating people in different formats. Social Media, t.v., radio.
27. Lack of education around stigma and drug use. Lack of education on how to use opioids safely.
28. Doctors handing them out too easily, every easy to get. Everyone I know got started by using as pain management.
29. The non-understandment of the drugs pharmacies prescribe as in anti-depressants, pills for skitzin and other sedative/stim pills they may prescribe for the people in poverty and mental illness. What Heroin is cut with. How Carfentanyl and other -- (indecipherable) are put in every drug plus misused. They should only smoke patches. METH!! NEEDLES!!
30. Young people are experimenting and being exposed to drugs like fentanyl-before they know it they're hooked
31. Accessibility - people can say "pain". Benefits Dr. are being given to promote certain "pills" over others. Lack of testing of patients to see if they're taking prescribed meds (i.e. methadone)"
32. Over prescribing

33. Lack of alternatives for pain management-Chronic pain management that is not addictive and is effective
34. Hard to analyze (indiscernible)
35. Peer pressure
36. People looking to escape
37. Lack of "clean" tools to feed addiction.
38. I don't believe in harm reduction or safe injection sites.
39. Need more places for people to congregate away from the streets. More outreach workers and drop in centers are needed.
40. More supervision in shelters to stop drugs from coming in to shelter.

B. Other ways respondents feel would be helpful to address the opioid crisis in the community

1. Give children coping skills from a very early age. People in helping field have tools to identify red flags and then connect person and family referred to supports. Decrease wait list times. Need more immediate access to treatment and appropriate for age group. Improve access to addiction tx - time that tx available i.e., after hours (not just 9 - 5). Teachers/schools/education system aware of behavioral challenges and aware of various strategies i.e. mindfulness, yoga etc. Children spend a great deal of time at school. Need to look at -- the person supplying heroine/fentanyl being charged with a "criminal offence". *Concern i.e. OD death deemed a ""mishap adventure"". Person who uses the drugs is in ""pain"" and should be helped not charged. Person selling drug is getting financial gain and using drug as a weapon. First responders support and education. Address 'attachment fatigue' (compassion fatigue) Committee disseminate information. Needs organizations willing to provide updates to share with community. Presentation and community outreach. These no not really directly support those people that use. Front line support."
2. Building strong sense of community. Sense of inclusion. More compassion towards people experiencing addictions, homelessness. Paid staff to link to services. People on street to assist people who use to find homes, jobs, fill out forms. Individual units for people to live in privacy. - Hope -. "One window service" for tot coordination. Dealers who provide/sell fentanyl or Carfentanyl cut into other drugs. Dealers charged with murder - police officer walking addict home and sharing kindness. Speak to persons as you would to somebody you care about. Less criminal records. Diversion programs vs jail which affects ability to get a job. Revolving door of criminalization. Repeal safe streets act which sends panhandlers to jail and they can't get a license. Create a

snapshot of data: local paper stating # of deaths locally. If person has OD - mandatory 24 - 48 hours stay in hospital and mandatory counseling. Making people feel like they belong to the community. Supportive sense of community, non-judgmental. "Charge doctors that overprescribe."

3. No
4. No to data or information sharing
5. Note in Prevention: enhance skills (Adult)
6. Treatment: note -"doctor over prescribing". Enforcement note: "did not find this a priority".
7. Enforcement - No response was noted in this section.
8. "I don't care about data sharing"
9. Make it part of school education
10. Get physicians to cease prescribing them. All Health Care Professionals should be on ONE system.
11. Was previously on methadone for pain, which worked much better than oxycotin/oxyNEO. That said, patient was tired of stigma attached to methadone. Also coverage was not
12. Treatment-Improve access to addiction treatment - Mental Health. Need stiffer penalties and consequence. Need to be a priority. Money to help police fight the issue. But really need money spent with youth and counselling.
13. Going to jail needs to be more about rehabilitation vs making people harder. Most people doing drugs have no phone or internet or computer. Library has limited hours.
14. Decrease # pills provided. Need crisis line.
15. Need to offer treatment for people who don't know it’s there (indiscernible). Trauma groups. Opioid recovery groups. Mental health help groups. People follow the crowd of their peer group. Need to be told they need help and offer it. Some don't know they need help.
16. Too many people just get a slap on the hand. Send them to jail and get the word out.
17. Needle safe injection site 24/hrs. need needle exchange, access and disposal 24/hr
18. Enforcement around schools. Police go depending on situation. (go if situation. violent). Increase police focus on dealers. Better communication between addiction and providers and family Dr. etc. Use non-opioids 1st for pain - more pain and options including exercise programs.

19. Fire department: "Stop being his friend, he's a dick". What a fireman told me after responding to my friend who OD'd in my house.
20. Treatment: i.e. other options including cannabis. Better education from doctor re: downsides of opioid use (i.e depression). Not open to cannabis as medication but less harms. Better care and support at physician level most important.
21. Prevention: younger generation. Treatment: have access for treatment without cost. Enforcement: No Judgement just assistance.
22. All emergency personnel should be more educated. Go to the schools-teach adolescents. Grade 12 diploma should have more than 1 health & P.E.
23. All of the above. Except for arresting people who deal opioid (give them a fine).
24. Treatments - waiting 13 months to see a psychiatrist. Decrease stigma-Hospital! More education - police should have more training.
25. Educate patients on the appropriate use of opioids. Pills! Only Pills! Address root causes of opioid misuse and addiction (needles!). Explain that everyone does drug just they don't end up with incurable mental disabilities. If a drug goes in your face it attacks the brain right? So if we change how hydromorph's or oxy's are chemically arranged the filler in these drugs can be differently synthesized into drugs that can control yourself into intelligence and away from illnesses. In fact, could and can be used to control or even fix the illness by changing the chemical compounds of your blood into Anything You Want. *(Client gives before and after examples - drawings)*. If you control the compound of pills the drug/opioid is ineffective actually completely beneficial.
26. Controlled substance such as methadone: weekly does, urine tests, clinics. i.e. deaths and leftover medications - risk of going on to streets. Using other pain medication, preventing at a Dr level, government level of limiting patients prescribed - changing composition of pill to not allow it be changed (intended use only. in terms of ingestion).
27. Awareness/discussion - that misuse exists in all areas of society. More education in school. Police act as 1st respondents but supports for individual follow-up with police.
28. Emergency, one time (indiscernible)
29. Shouldn't be withholding other opioids. Police shouldn't be arresting folks for using dealing. Reducing crackdown on opioid possessions.
30. Survey of drug paraphernalia, people shouldn't be jailed for
31. Older doctors hand out opioid meds too easily.
32. Bag searches as people enter public places like the shelter.

C. Why these things would be helpful

1. Teaching skills is priority and supporting people in pain (physical/emotional) would address issue at the start. It would (indiscernible)/address root causes of addiction youth at risk."
2. If dealer charged with murder there would be less people dealing.
3. To stop the boredom and to help save people's lives
4. To help those who are struggling with no resources
5. To help save lives
6. To stop the whole crisis we have going on.
7. To help stop people dying
8. We need to educate and have stiffer penalties
9. To make our community safe
10. Something has to be done.
11. To keep people safe as our community is in trouble.
12. Better than nothing
13. To save people from having to go through what I've gone through.
14. Covers all areas of the problems. Need to look at all areas. Access to resources. These people aren't bad people
15. Increase educating that "anyone" can become addicted to opioids. Decrease stigma. Need early education for kids - always warned about alcohol. Need more about drugs.
16. I think a more proactive approach would be most beneficial, early childhood education on the harms of drugs both narcotic and prescription drugs, adult or parental courses as well looking at alternative treatments, having crisis beds in our community for some individuals who wish to come off some opiates.
17. People to have more knowledge on the bad effects of opioid use.
18. Need services in place for pregnant woman and mothers
19. People should have more knowledge. Did not know what to expect or risk of addiction when starting to use opioids. Did not know opioids were highly addictive.
20. Grandson died of an over dose in stairway of a building. I was taken off fentanyl which was working for my pain. We had to sign sheet to say we were taking it and we had to hand in are patches but it was worth the trouble to be able to take it but because people abused it and now it is found in street drugs, I had to be taken off it and was put on

Suboxone 8+2 2 times a day which does not work one bit but I have no choice but to take it.

21. Knowledge is power. The more you know the better off you will be.
22. Increased awareness for the public and professionals may benefit the scene of an overdose. Lack of affordable housing needs to be taken care of. A shelter for men may be an opportunity to further education of users. Detox centres and safe4 beds would be great.
23. To increase danger awareness
24. "My son has faced many challenges. He was abused by his step-dad and we have tried so hard to get support. As he has grown his problems have gotten worse and worse"
25. "We need to educate doctors on prescribing opioids on how to stop people from using them".
26. "I do not have a doctor, helper, can't get Ontario Works, don't have my birth certificate, and my dad is an asshole." "I need help today and help for my crew."
27. "Parents did not accept me when I came out at home." "I always felt different, not understood." "I started using my parents drugs; slowly at first so they would not know."
28. "Because I'm struggling"
29. Not enough access to services. Drug use. Jail does not help.
30. We are losing people, they are dying and they did not need to.
31. There is a big problem and it's getting worse.
32. There needs to be more information, and other choices of prescriptions to give.
33. Getting the drugs off the street. More drug raids. Less prescriptions.
34. Same lives
35. Increase harm reduction and public safety
36. Reduce addiction
37. Preventing overdose/harm
38. Because there's gaps in service
39. Community Programs need to work closer together, on the same page-it will better help these "programs" (hospitals, treatment, police, mental health partners) getting on the same page.
40. They could all help decrease Narcotic issues in our community

41. To give information to people.
42. Because something has to be done about it.
43. Having more information would be helpful, especially for people who may not have a clue what they are getting into.
44. Need more mental health treatment and counselling. Often promised never received.
45. Health care professionals need empathy and relationship with lived experience. Had crushed vertebrae and need non opioid option vs addictive meds.
46. I see the situation in this city and others getting worse and taking lives at all ages. Needles are being left in public sites.
47. People need help. People don't know how to ask. Don't know where to go. Need group to come to them (indiscernible).
48. People need to know info about bad drugs
49. Too much of reliance on opioids for pain etc. Need to focus on other way of helping people.
50. Make everyone aware of what is going on.
51. Too many people keep selling prescriptions, getting multiple prescriptions from a variety of doctors
52. It will help prevent overdoses.
53. I think it’s a dumb question. Look around you man! Everything I identified is going to save lives!
54. Need more police enforcement
55. Need to save our children
56. Education is important
57. The problem needs to be stopped from the root. It is killing people and it needs to stop. Other medications can deal with pain that won't have the same addicting affect.
58. Anonymous collection of information that complies all input.
59. I don't believe in the other areas - people use drugs for many reasons, not just to "escape" trauma. This survey is stigmatizing itself. Language used creates sigma like "misuse", "addiction". I believe people should know how to use their drugs safely. Either in a safer space or at home. Provide no barrier access to Naloxone. Need more detox centres.

60. You'll have less people dying. Help people get off of opioids. Help people get their life on track. Help people to feel that they are NOT the scum of the early. Less people would be going to jail, especially minority groups. White society wants to round up all the brown people so they don't have to deal with them.
61. More education and awareness will change how we help and make change
62. It completely erases crack, meth and heroin out of history. Read it and think. You have this Power!! Just DO It!!
63. Not enough people (users and non-users) have accurate information about the drugs out there.
64. Someone's got to try something. On a basic level decrease the ability to obtain. Way to find out who's doing what.
65. I wish these were there when I was there, when I was an addict.
66. Raise awareness would inform the population about harms that opioids cause, hence knowledge is power. Access to treatment could help users to access treatment. Anonymous online system would help the county to see what region there is a height level of opioid use. There actions could be taken in that region.
67. Less enforcement. Random testing.
68. People are dying.
69. Stop people from dying.
70. Personal experience informs my opinion.
71. Lack of awareness, causes issues
72. More knowledge is better
73. Seeing (indiscernible)
74. More knowledge and resources can only help.

D. Best way to share information

Other:

1. Brochures in storefronts. Agency newsletters. Community influences i.e. respected teachers, actors, sports personality. Programs addressing addiction and mental health. Peer to peer communication. People share their experiences and impact. Start conversation easily and in schools. Ask youth - "Who do you listen to?" Who has influenced you? Messaging in paper that states # of OD's locally.
2. High schools, public schools, libraries, soup kitchens, churches, YMCAs, places where youth are likely to go. Places where low income are able to access.

3. AA meetings. Pharmacies.
4. All are important, people use different resources.
5. “Through my doctor”
6. Email lists. Through doctor office.
7. On the street
8. Snapchat, Twitter, Instagram
9. "Tell my friends"
10. No place in Orillia to get this information.
11. Teachers
12. Pamphlets at detox, Busby, Cara House
13. Drug stores
14. At the locally police department
15. Stem project at Georgian College by David Watt. Have a question get an answer.
16. Need to know they are safe and can talk about addictions. Groups come to them.
17. More it gets out the better!
18. Word of mouth best way.
19. Physicians / Health Care Providers
20. Share information with dealers! Heavy drug user areas.
21. Peers sharing their stories. A.A and N.A or 12 step.
22. Be on the streets talking to the people. They may not have access to computers, cell phones etc. Places where people can go to get help and information.
23. Every possible avenue
24. Endless but time-worthy.
25. YouTube commercials. Facebook viral ads. Netflix miniseries-very realistic images. TV.
26. Target groups of those with lived experiences to share with the public/users
27. Outreach workers

Posted Bulletins at places people often go:

1. Tim's; OW; CMHA
2. Everywhere
3. OATC, health unit, mental health, OW, ODSP, drugstore

4. OW, library, Guesthouse, Rosewood
5. OW
6. Tim Hortons; CMHA; Doctor's office
7. Tim Horton's downtown, Guesthouse
8. Pharmacies, clinics, hospitals, library
9. Laundromats/ Tim Horton's
10. Tim Horton's / Library/ Employment Centre/ Bus Shelters
11. YMCA Resource Centre/Library
12. Schools, Doctors, Hospitals
13. Laundromat, Tim Hortons, OATC
14. Tim Hortons
15. Bus Terminal
16. Maybe for some
17. Dr. Offices, medical centres, organizations OAT centres, Banks
18. Bus stops, coffee spots.
19. Bus terminal
20. Bus terminal, health centre
21. Bus terminal, subways (train)
22. Public spaces-movie theatres, banks, etc.

Word of mouth through locations frequently attended:

1. Library, OW
2. OW office
3. Same as above (Pharmacies, clinics, hospitals, library)
4. Same as above (Tim Horton's / Library/ Employment Centre/ Bus Shelters) & clinics
5. YMCA, Library
6. Laundromat, Tim Hortons, OATC
7. Post "stuff" in Tim Hortons
8. Busby, Salvation Army, Emergency
9. The Well
10. Homeless shelter
11. Community health centre
12. Word of mouth, don't be afraid to talk.

Social media platforms:

1. All of them
2. All of them
3. Any type
4. All of them
5. All

6. All of them
7. Facebook
8. YouTube
9. Facebook
10. Facebook
11. Facebook
12. Facebook
13. Facebook
14. Instagram, young person s.m. sites
15. Twitter
16. Facebook
17. Share info FB twitter.
18. Facebook, Instagram
19. Facebook
20. Twitter 100%
21. Twitter
22. Facebook
23. Pop up ads on Facebook etc.
24. Instagram/FB/Snapchat
25. Best way

E. Anonymous online system for people to report overdoses or bad drugs

1. Radio station. Twitter. ? of agency not sure. Call in system not on line
2. I think it's a good idea but unsure if people will use it.
3. It’s hard to say depends on people's awareness. How active the community is a whole at fighting it.
4. As long as it's completely anonymous.
5. Yes, yes, yes
6. Users may not use this however, friends and loved ones of user may report.
7. "No idea"
8. Always for that I'll get be in trouble if I talk about this
9. "Don't know until you try"
10. Would report overdoses
11. Would do it personally.
12. Nobody wants to be called a rat you could die

13. Think new is good way of reporting. Have to get word out re: Good Samaritan Act so people call 911
14. Look at reportbaddrugs.ca
15. Don't care.
16. Those who use don't trust and those who don't use feel it isn't a problem.
17. People don't want to call in because they're afraid they will get in trouble.

F. Overdose prevention site or supervised consumption site

1. I think it's a good idea but unsure if people will use it.
2. If services were provided 24 hours rather than 9 - 5, I think it would be beneficial.
3. Worried about police and being charged.
4. A lot of information get shared at the site. People learn, education happens at the sites.
5. Do not want this in our community
6. "I don't want to be around others I don't know. They will take advantage of me."
7. "I would not go." "I don't think my friend would use it."
8. I do not think places like that work
9. Possible. If people knew that the workers were there to help and not pass judgement.
10. People who use often spend days together. It would be a safer site, less on health care system.
11. And in needed and must have counselling
12. Don't expect high numbers. People will doubt safety of its site confidentiality.
13. People would need to feel safe. Groups could be offered there.
14. A Safe needle deposit 24/7. Worried about kids.
15. Definitely
16. Without police
17. People would feel safer using in a space where they won't die or overdose.
18. I believe so. People would feel safe and not worry about overdosing.
19. People will be afraid to go there. Police knowledge will deter participation
20. Those who use worry about privacy and being anonymous. They would need to know the site could be trusted.

21. Only beneficial is there's a way to decrease use. Naloxone kits on site. Still need to look at fixing the problem.
22. Yes-As long as people knew where to find it/ with public buy in. Provide testing for users to know if fentanyl is present in their drug of choice.
23. For sure
24. Need a long term strategy to deal with children left behind. Support for families left behind. Siblings, pre-age and school age children concerns regarding impact on them.
25. Till the last generation dies from collapsed foreheads. Do you know where a needle goes? Like stress/anger.